



INTERNATIONAL
REGISTRY *of* MIDWIVES

CIM Candidate Information Guide



2025 EDITION



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Mission Statement

At the International Registry of Midwives, we believe midwifery is key to reducing maternal and neonatal mortality and morbidity worldwide. We are committed to advancing midwifery through education, certification, and ongoing professional development throughout a midwife's career.

Our mission is to credential skilled and compassionate midwives who are equipped to provide safe, competent, and professional care in diverse settings.

We are dedicated to:

- Expanding access to respectful, humanized maternity care through Midwives, Traditional Birth Attendants, and Global Doulas
- Training indigenous women to serve and uplift their own communities
- Advocating for human rights in all aspects of maternal and newborn care
- Supporting autonomous, independent midwives who are free to serve across borders
- Strengthening communities by caring for women and their families
- Contributing to stronger global economies through improved maternity care



The Importance of Setting Standards

The evidence is undeniable: strengthening midwifery education to meet international standards is critical to improving care quality and reducing maternal and neonatal mortality and morbidity.

Midwifery education is a vital solution to the global challenge of providing universal, high-quality maternal and newborn care. While expanding access is essential, ensuring the quality of care has an even greater impact on saving lives.

Internationally-aligned midwifery education addresses three core priorities:

- Ensuring all midwives are educated to the highest standards and able to practice to their full scope
- Including midwives in shaping education policy at the highest levels
- Coordinating and aligning education processes globally

When midwives are trained to international standards and provide comprehensive care—including family planning—they have the potential to avert more than 80% of maternal deaths, stillbirths, and neonatal deaths. To achieve this, midwives must also be certified, fully integrated into health systems, and function as part of collaborative, interprofessional teams.

The impact of quality midwifery care extends far beyond reducing deaths. It improves over 50 additional health outcomes, including sexual and reproductive health, breastfeeding success, tobacco cessation during pregnancy, and better management of conditions such as malaria, TB, HIV, obesity in pregnancy, early childhood development, and postpartum depression.

Midwives are uniquely positioned to provide life-saving care to women and newborns, even in fragile, humanitarian, and conflict-affected settings.

Despite the proven benefits, investment in quality midwifery education remains insufficient. Now is the time for collective action. The International Registry of Midwives is committed to addressing this gap by offering global credentials and setting the standard for international certification.

What does it mean to be a CIM?

A Certified International Midwife (CIM) is a primary healthcare provider for women across all stages of life. CIMs specialize in gynecologic care, family planning, preconception, pregnancy, childbirth, postpartum, and newborn care. In addition, they offer essential primary care services, including annual exams and basic nutritional counseling.

Certified International Midwives are highly skilled professionals dedicated to reducing maternal and infant mortality through evidence-based, respectful, and humanized maternity care practices.

Please note: CIM certification does not confer legal authority to practice. Legal recognition and scope of practice are determined by local or national regulatory bodies.

DIDACTIC REQUIREMENTS

Didactic education must be completed through a formal midwifery education program. While we do not pre-approve specific programs, we are happy to review the program you wish to pursue.

Clinical Requirements For Entry Pathway

Assisting	Junior Primary	Senior Primary	Low Resource	Continuity of Care
25 Births	25 Births	25 Births	7 Births	27 Births
25 Prenatal Exams	25 Prenatal Exams	175 Prenatal Exams	N/A	108 Prenatal Exams
25 Newborn Exams	20 Newborn Exams	20 Newborn Exams	N/A	27 Newborn Exams
50 Postnatal Exams	50 Postnatal Exams	60 Postnatal Exams	N/A	54 Postnatal Exams

Well Woman Exam	Breastfeeding Support	NASG Training	Pharmacology Training	IV Therapy Training
20 Exams	20 Hours	Certification	Certification	Certification

Basic Skills Requirements

- **PULSE** – Accurately assesses and records maternal and neonatal pulse.
- **RESPIRATIONS** – Counts and records respirations per minute for both mother and newborn.
- **MANUAL BLOOD PRESSURE** – Demonstrates proper technique for manual blood pressure measurement and recognizes normal and abnormal readings.
- **TEMPERATURE** – Correctly uses and cleans various types of thermometers.
- **FETAL HEART TONES** – Uses fetoscope and Doppler to auscultate and count fetal heart tones within 60 seconds.
- **MEASURE FUNDAL HEIGHT** – Accurately measures fundal height from the pubic bone to the top of the fundus.
- **INTERNAL VAGINAL EXAM** – Assesses cervical dilation, effacement, and fetal station correctly.
- **CPR** – Holds a current certification and reviews proper technique with a preceptor.
- **NEONATAL RESUSCITATION** – Holds a current certification in NRP, HBB, or equivalent, and reviews proper technique with a preceptor.
- **INJECTION TECHNIQUE** – Demonstrates proper technique for intramuscular and subcutaneous injections.
- **DRAWING MEDICATION** – Demonstrates correct method for drawing medication from single and multi-dose ampules.
- **IV START AND MANAGEMENT** – Demonstrates initiation and proper management of intravenous therapy.
- **PLACENTA DELIVERY** – Demonstrates appropriate delivery of the placenta and understands delayed cord clamping and active management protocols.
- **HEMORRHAGE MANAGEMENT** – Demonstrates and explains fundal massage, uterotonic administration, herbal support, bi-manual compression, uterine exploration, and clot removal.
- **SUTURING** – Demonstrates knowledge and execution of both interrupted and continuous suturing techniques.
- **BREASTFEEDING SUPPORT** – Provides evidence-based breastfeeding support with compassion and accuracy.
- **FAMILY PLANNING** – Discusses natural family planning methods (Sympto-thermal) and educates on IUDs, hormonal contraceptives, herbs, and barrier methods.
- **NEWBORN EXAM** – Completes a thorough newborn exam, including: heart rate, respirations, reflexes (Babinski, Moro, etc.), APGAR scores, muscle tone, weight, temperature, measurements, fontanels, palate, tongue/lip ties, Ballard scale, eye response, ear placement, clavicle, extremities, chest, respiratory distress signs, lung sounds, hips, abdomen, bowel sounds, genitals, anus, spine, and hearing.
- **WELL WOMAN EXAM** – Performs a complete exam including height, weight, vitals, thyroid and lymph assessment, breast exam, heart and lungs auscultation, spine, extremities, reflexes, and kidney assessment.
- **ROUTINE PRENATAL EXAM** – Completes prenatal assessment including urinalysis, weight, blood pressure, fundal height, fetal palpation, fetal heart tones, gestational dating, edema check, addressing maternal concerns, and proper documentation.
- **POSTPARTUM EXAM** – Monitors bleeding, fundus, urination, bowel movements, vitals, perineal healing, afterpains, newborn vitals, diaper output, breastfeeding, and answers questions with appropriate charting.
- **STERILE TECHNIQUE** – Demonstrates knowledge and application of sterile techniques in clinical settings.
- **HAND HYGIENE** – Demonstrates proper handwashing methods.
- **GLOVING TECHNIQUE** – Correctly demonstrates donning and doffing of sterile and non-sterile gloves.
- **OXYGEN ADMINISTRATION** – Demonstrates safe oxygen administration to both mother and newborn and knows correct dosages.
- **SPECULUM EXAM** – Demonstrates safe and appropriate speculum use and indications.
- **SHARPS DISPOSAL** – Demonstrates proper sharps disposal procedures.
- **CHARTING** – Demonstrates accurate and complete documentation of all client care including allergies, medical history, and the use of common midwifery acronyms.

Clinical Requirements

Clinical Requirements for Bridge Pathway

Primary Midwife	Continuity of Care	Breastfeeding Support	Low Resource	
75 Births	25 Births	20 Hours	7 Births	

NRP/HBB Training	BLS CPR Training	NASG Training	Pharmacology Training	IV Therapy Training
Certification	Certification	Certification	Certification	Certification

Clinical Requirements for Experienced Pathway

Primary Midwife	Continuity of Care	Low Resource	Breastfeeding Support	Didactic Training
150 Births	75 Births	10 Births	50 Hours	Diploma

NRP/HBB Training	BLS CPR Training	NASG Training	Pharmacology Training	IV Therapy Training
Certification	Certification	Certification	Certification	Certification

Fees

We frequently offer scholarships and encourage you to reach out for more information or watch for announcements on our website.

The International Registry of Midwives exam fee is based on tiers. Please locate your country to determine the cost of the CIM exam.

Tier 1 - \$1,500 USD \$250 USD renewal every 4 years	Tier 2 - \$999 USD \$165 USD renewal every 4 years	Tier 3 - \$498 USD \$85 USD renewal every 4 years
<p>Andorra, Argentina, Aruba, Australia, Austria, Bahrain, Belgium, Bermuda, Brunei Darussalam, Bulgaria, Canada, Cayman Islands, Chile, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Falkland Islands, Finland, France, Germany, Gibraltar, Greece, Greenland, Guadeloupe, Guam, Guyana, Hong Kong, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kazakhstan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malaysia, Maldives, Malta, Martinique, Mauritius, Monaco, Netherlands, New Caledonia, New Zealand, Norway, Oman, Poland, Portugal, Qatar, Reunion, Romania, Russian Federation, San Marino, Saudi Arabia, Seychelles, Singapore, Slovakia, Slovenia, South Korea, Spain, St. Kitts and Nevis, St. Maarten, Sweden, Switzerland, Taiwan, Turkey, United Arab Emirates, United Kingdom, United States, Uruguay, Virgin Islands (British), Virgin Islands (US)</p>	<p>Albania, American Samoa, Anguilla, Antigua and Barbuda, Armenia, Azerbaijan, Barbados, Belarus, Belize, Bonaire, Bosnia and Herzegovina, Brazil, China, Colombia, Cook Islands, Costa Rica, Curacao, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, eSwatini, Equatorial Guinea, Fiji, French Guiana, French Polynesia, Gabon, Georgia, Grenada, Jordan, Kosovo, Laos, Lebanon, Libya, Mexico, Moldova, Mongolia, Montenegro, Montserrat, Morocco, Namibia, Nicaragua, North Macedonia, Northern Mariana Islands, Palau, Paraguay, Peru, Serbia, South Africa, Sri Lanka, St. Lucia, St. Martin, St. Vincent and the Grenadines, Suriname, Thailand, Tunisia, Turkmenistan, Ukraine, Uzbekistan, Viet Nam</p>	<p>Afghanistan, Algeria, Angola, Azerbaijan, Bahamas, Bangladesh, Benin, Bhutan, Bolivia, Botswana, Burkina Faso, Burundi, Cambodia, Cameroon, Central African Republic, Chad, Comoros, Cote D'Ivoire, Democratic Republic of the Congo, Djibouti, Eritrea, Ethiopia, Federated States of Micronesia, Panama, Gambia, Ghana, Guatemala, Guinea, Guinea-Bissau, Haiti, Honduras, India, Indonesia, Iraq, Indonesia, Jamaica, Kenya, Kiribati, Kyrgyzstan, Lesotho, Liberia, Madagascar, Malawi, Mali, Marshall Islands, Mauritania, Mozambique, Myanmar (Burma), Nepal, Niger, Nigeria, North Korea, Pakistan, Palestine, Papua New Guinea, Philippines, Republic of the Congo, Rwanda, Samoa, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Swaziland, Syria, Tajikistan, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tuvalu, Uganda, United Republic of Tanzania, Vanuatu, Venezuela, Western Sahara, Yemen, Zambia, Zimbabwe</p>

Why are well woman exams required?

A general well-woman exam provides women with an opportunity to discuss their reproductive health and allows the provider to identify any potential health issues early, when they are most treatable. In addition to medical care, this exam offers a chance for women to ask questions about their sexuality, stress, parenting, family planning, and hormones.

Certified International Midwives (CIMs) are professionally trained midwives with a broad scope of practice. This includes performing pap smears, conducting breast exams, understanding hormonal changes throughout a woman's life, offering family planning services, and addressing sexual health concerns, including STIs and reproductive health.

Why are Breastfeeding Support hours required?

Current evidence indicates that women require effective support to breastfeed, but many healthcare providers lack the necessary knowledge, attitudes, and skills. As a result, there is a critical need for breastfeeding education and training for healthcare staff. The primary goals of breastfeeding education are to enhance a mother's knowledge and skills, help her view breastfeeding as normal, and foster positive attitudes toward it.

As a Certified International Midwife (CIM), you are required to support women in this capacity. This not only enhances your own knowledge and skills but also provides invaluable support to mothers. The International Registry of Midwives aims to improve breastfeeding outcomes by mandating breastfeeding support hours, helping to address this critical gap in maternal care.

Preceptor/Student Relationships:

The preceptor-student relationship is an essential component of training future international midwives. This relationship allows students to learn the practical nuances of midwifery that cannot be fully conveyed in a classroom setting. For example, while students may practice delivering babies on mannequins, this experience can't replicate the complexities of assisting a laboring woman in varying conditions, from different body types to challenging birth environments. A preceptor who has hands-on experience in diverse situations can guide students through these real-world challenges, offering invaluable insights and support as they navigate their first live deliveries.

What is expected?

Students at all levels must approach their training with a willingness to learn and a commitment to self-reflection. They should communicate openly with their preceptor about where they are in their studies, including their strengths and areas for improvement. For example, a student may feel confident in performing certain skills, such as administering prenatal care, but may need more guidance in areas like patient assessment or managing complications during labor. Preceptors should inquire about their students' goals for each clinical experience to align expectations and ensure that realistic objectives are set while addressing any gaps in knowledge or skills.

Professionalism

Students should be expected to arrive on time for their assigned shifts, dressed in professional attire, and ready to work. Professionalism, while natural for some, is often a skill that must be learned. Some students may need to refine their appearance to present themselves more appropriately to the public, while others may need guidance in adjusting their communication style, such as eliminating sarcasm or offensive language when interacting with patients. Additionally, body language plays a key role in professionalism—gestures like crossing arms or rolling eyes can convey disinterest, which can negatively impact the patient's experience.

Beyond these universal aspects of professionalism, students working in international or culturally diverse settings must also be mindful of cultural competence. Understanding local customs, appropriate dress codes, and respectful behavior toward patients and their families is essential. For instance, some cultures may have specific expectations regarding modesty, greetings, or communication styles. Students should take the time to learn and adapt to these cultural nuances to foster trust and respect in their interactions. Preceptors play a crucial role in modeling cultural sensitivity and guiding students in navigating these cultural differences. Just as professionalism is expected from the student, it is equally important for the preceptor to demonstrate cultural awareness and professional behavior as well.

Teaching

The preceptor plays a critical role in ensuring that students master the wide range of skills required for effective midwifery practice. This includes teaching students not only the technical aspects of the profession but also the subtleties involved in providing culturally competent, respectful care. Preceptors will guide students in how to assess a laboring mother, communicate with her and her partner, and manage the progression of a birth from start to finish. Additionally, preceptors will demonstrate how to collaborate effectively with other healthcare professionals in a multidisciplinary setting, particularly in international or cross-cultural environments.

In this context, preceptors are essential in helping students build confidence in their clinical skills, including vital sign monitoring, performing vaginal exams, administering injections, conducting newborn exams, and managing placenta delivery. Furthermore, students must be taught how to adapt their approach to different cultural settings and understand local customs regarding childbirth and maternal care. Effective communication, both verbally and non-verbally, is key, as is the ability to tailor care to the needs of each family while maintaining professionalism and cultural sensitivity.

Through hands-on experience, preceptors can also help students navigate challenging scenarios and reinforce the importance of respectful, evidence-based practices. By providing guidance on both technical skills and interpersonal communication, preceptors ensure that students are well-prepared to provide safe, compassionate, and competent care as Certified International Midwives.

Phase 1

In this phase, students are required to complete 25 births, 25 prenatal exams, 25 newborn exams, and 50 postnatal exams. It is essential to avoid overwhelming students at this stage and instead focus on providing positive role models and reinforcing the knowledge and skills learned in the classroom. Phase 1 students may feel nervous or uncertain as they lack experience, and they are still building their confidence and competence. In this phase, they need the guidance and expertise of their preceptor to help them navigate this unfamiliar territory.

Initially, students should be assigned to charting during their first few appointments and births. This allows them to observe the full scope of the process, from beginning to end, without the pressure of performing clinical tasks. After these first few exposures, students can be encouraged to take on basic skills such as measuring vitals, checking urine, and charting. It's important to avoid pushing students into more complex procedures too soon, even if they have received classroom training in these areas. This is not only for the safety and well-being of the patient but also to prevent students from becoming overwhelmed or discouraged.

If a student demonstrates readiness, however, the preceptor can guide them through more advanced tasks. The goal is to allow students to gain exposure to maternity care in a way that builds their experience and confidence gradually. This phase is about ensuring that students feel supported and equipped to grow as they continue their journey to becoming competent, culturally competent, and confident Certified International Midwives. Additionally, in international contexts, students should be encouraged to respect local customs and healthcare practices, adjusting their approach as needed to ensure culturally sensitive care.

Phase 2

In this phase, students are required to complete 25 births, 46 prenatal exams, 20 newborn exams, and 32 postnatal exams. Preceptors should expect more from students at this level compared to Phase 1, but it is important to keep in mind that students may still have limited clinical experience. Phase 2 students are continuing to build on the skills they developed in Phase 1, with new skills being introduced throughout this phase, depending on their curriculum.

Preceptors should engage with their students to assess which skills they feel ready to perform independently, offering opportunities for them to carry out tasks under supervision. However, if a student is struggling with basic skills or is overly focused on individual tasks rather than considering the overall flow of an appointment or labor, it is essential to ensure they have mastered these foundational techniques before advancing to more complex ones.

Much like a student progressing through academic coursework, where they must master foundational concepts before tackling more advanced topics, CIM students must first establish proficiency in essential skills to build the confidence necessary for more difficult procedures. By reinforcing these core competencies, preceptors are helping students develop a comprehensive understanding of midwifery care, ensuring they are well-equipped to handle the complexities of patient care with confidence and professionalism. As they continue to progress, students should be encouraged to adopt a holistic approach, considering not just individual tasks but the entire context of the labor or appointment.

Phase 3

In this phase, students are required to complete 25 births, 145 prenatal exams, 20 newborn exams, 65 postnatal exams, 20 well-woman/gynecology primary care exams, and 20 hours of breastfeeding support. Phase 3 students are expected to transition from those needing significant guidance in skill performance, patient assessment, and labor progression, to becoming capable team leaders in most appointments and births. They should possess the entry-level skills and knowledge to perform competently as a midwife, demonstrating critical thinking and making sound judgment calls.

It is important to recognize that while Phase 3 students should aim to perform at an entry-level, they are not yet expected to function at the level of an experienced midwife. A common misconception in midwifery is that Certified International Midwives (CIMs) are able to perform at a mythical standard, one that often takes years of experience to achieve. Recall your own early experiences as a midwife—when your skills and confidence were still developing. It often takes up to a year of real-world experience to see the full range of patient scenarios, with even more time required to build the confidence needed to navigate these situations independently.

Phase 3 Continued

However, if a CIM student is self-motivated, eager to contribute to the birth team, and actively seeking knowledge during downtime, their progress will be steady and noticeable. As they become more proactive in patient care—without becoming overconfident—they will demonstrate considerable improvement in both appointments and the ability to assess a laboring woman, making appropriate decisions while upholding respectful maternity care and evidence-based practices.

Preceptors should guide students to refine their assessment skills, engage in hands-on patient care, and adopt a holistic, patient-centered approach. This phase is critical in preparing students to take on increased responsibilities and develop the skills they need to succeed as competent, confident midwives in the future. By fostering an environment of continual learning and development, preceptors can help Phase 3 students lay the foundation for their future practice as midwives.



Maximizing Student Development:

The Preceptor's Role in Skills Progression

Preceptors play a vital role in shaping a student's midwifery skills and clinical competency. Unlike classroom educators who primarily assess theoretical knowledge, preceptors directly observe students in real-world settings, providing invaluable insight into their strengths and weaknesses. This hands-on mentorship is essential for guiding students through their skill progression and ensuring they develop the confidence and competence needed for independent practice.

Identifying Strengths and Addressing Weaknesses

At this stage of training, it is important for preceptors to recognize and reinforce a student's strengths while also helping them acknowledge and improve upon their weaknesses. Encouraging confidence in areas where students excel builds a solid foundation for learning, while constructive feedback on weaker areas allows for targeted skill development.

Some challenges may be straightforward to address. For instance, if a student struggles with IV insertions due to difficulty in vein selection, focused practice and technique refinement can lead to improvement. Other difficulties may be more complex, such as gaps in theoretical knowledge that impact clinical decision-making. These may stem from learning differences, requiring professional intervention, or a lack of study habits, necessitating additional dedication from the student.

For more persistent challenges, a collaborative approach is key. Preceptors should work closely with students and their educational institutions to create a structured improvement plan. This plan may involve additional learning resources, hands-on practice, tutoring, or behavioral adjustments to support the student's success. Regular follow-ups ensure that progress is being made and necessary adjustments are implemented.

Utilizing Downtime for Continued Learning

A preceptor's role extends beyond active patient care and births. Downtime between appointments offers valuable opportunities to reinforce knowledge and enhance practical skills.

1. Case Review & Reflection – Walk students through past clinical experiences, discussing the reasoning behind decisions made during care. This helps students develop critical-thinking skills and gain a deeper understanding of midwifery practice beyond textbook knowledge.

2. Targeted Skill Development – Use downtime to revisit challenging skills or concepts, presenting them in different ways that may resonate better with the student. This individualized approach helps reinforce difficult material.

3. Equipment Familiarization – Review the contents of the birth bag, ensuring students know the purpose and correct use of each tool. Hands-on familiarity builds confidence in emergency preparedness and routine care.

4. Knowledge Quizzing & Critical Thinking Exercises – Challenge students with scenario-based questions related to clinical procedures and patient care. Engaging in active recall and problem-solving exercises strengthens their ability to respond effectively in real-world situations.

5. Collaboration with Training Institutions – Maintain open communication with the student's educational program. If concerns arise regarding progress or competency, reaching out to the institution ensures that the student receives the necessary support to succeed.

Building Competence and Confidence

By actively engaging with students both in clinical practice and during downtime, preceptors help shape well-rounded midwives who are prepared for the demands of independent practice. Recognizing strengths, addressing weaknesses, and reinforcing learning through hands-on experience fosters a supportive environment where students can grow in skill, knowledge, and confidence.

Exam General Expectations and Topics

1. Non-Maternity Physical Exams and General Health

- Mastery of general physical assessment techniques for both women and men, including evaluation of vital signs (blood pressure, heart rate, respiratory rate, temperature) and overall general health.
- Ability to identify common conditions affecting global health, including infectious diseases and chronic conditions, particularly in settings where the midwife may be the primary or sole healthcare provider.
- Skills in performing a comprehensive physical exam to recognize systemic health issues in low-resource environments.

2. Maternity Physical Exams

- Competence in conducting complete maternity physical examinations, assessing maternal health throughout pregnancy.

- Techniques for evaluating maternal vital signs, uterine tone, and fetal well-being through abdominal palpation (including fundal height and fetal position) and fetal heart tone assessment.
- Recognition of signs indicating complications such as preterm labor or placental issues.

3. Labor, Delivery, and Birth Emergency Skills

- Knowledge of the stages of labor and the ability to monitor progression using vaginal examinations and observation of contraction patterns.
- Proficiency in managing normal labor as well as recognizing and addressing complications, including fetal distress, cord prolapse, shoulder dystocia, and postpartum hemorrhage.
- Emergency skills including neonatal resuscitation protocols (NRP), Helping Babies Breathe (HBB), cardiopulmonary resuscitation (CPR), and other birth emergency procedures.
- Familiarity with medications and interventions used during labor and delivery, as well as techniques to assist with assisted vaginal deliveries when necessary.
- VBAC (Vaginal Birth After Cesarean) requires an understanding of its indications and contraindications, along with careful management strategies. It is essential to assess risks and monitor for potential complications such as uterine rupture while providing supportive care to women choosing VBAC.
- Breech presentations, multiple gestations, transverse lie, and other challenging fetal positions demand a high level of skill and careful decision-making. Midwives must be prepared to recognize these variations, manage them appropriately, and determine when interventions such as external cephalic version or assisted delivery techniques are necessary. In cases of multiple gestations, the complexity increases with the need to monitor the position and well-being of each fetus, plan for a safe delivery, and coordinate care that addresses the unique challenges associated with twins or higher-order multiples.
- Variations in labor patterns, including prolonged or precipitous labor, require midwives to identify deviations from expected progress and provide timely, appropriate interventions that support maternal and fetal well-being.
- Prior birth trauma, whether physical or emotional, must be carefully assessed and addressed. Tailoring care to support healing and rebuild confidence in subsequent births is essential, involving acknowledgment of previous traumatic experiences and the creation of a care plan that minimizes stress and fosters a sense of security during labor and delivery.
- For survivors of sexual and physical abuse, midwives should provide sensitive, trauma-informed care by establishing a safe and respectful environment, offering additional emotional support, maintaining strict confidentiality, and providing culturally appropriate counseling.

- Individualized care planning recognizes that “normal” can vary widely among individuals. Midwives must adapt their approach to meet the unique needs, preferences, and histories of each woman, especially in high-risk or low-resource settings, ensuring care that is both clinically effective and respectful of each woman’s personal and cultural context.

4. Labor and Delivery Settings – Hospital, Birth Center, and Homebirth

- Hospital Birth: Ability to work effectively with available medical equipment and emergency support in hospital settings, while providing compassionate midwifery care.
- Birth Center: Skills in managing low-intervention births in a birth center environment, including practices such as water births, delayed cord clamping, and immediate skin-to-skin contact.
- Homebirth: Competence in providing safe and evidence-based care during homebirths, managing risk factors, and utilizing appropriate emergency kits and protocols for transfers when complications arise.

5. Postpartum Care

- Comprehensive assessment of postpartum recovery including uterine involution, lochia assessment, and perineal healing.
- Monitoring for postpartum complications, both physical (e.g., hemorrhage, infection) and emotional (e.g., postpartum depression), especially in high-risk or low-resource settings.
- Skills in managing family planning, supporting lactation, and ensuring overall maternal well-being during the postpartum period.

6. Routine Newborn Exams (Immediate Postpartum to 6 Weeks)

- Conduct immediate postnatal assessments including APGAR scoring, physical exam, and vital sign monitoring.
- Evaluate for congenital anomalies, jaundice, and signs of infection; ensure proper cord care.
- Monitor growth parameters (weight, length, head circumference) and developmental milestones.
- Administer routine newborn screenings (hearing, labs, pulse oximetry for heart defects).
- Provide parental education on feeding, elimination patterns, safe sleep practices, and when to seek care.

7. Breastfeeding Support

- Understanding the physiology of lactation and techniques to support successful breastfeeding, including proper latch, milk supply evaluation, and management of common breastfeeding complications.
- Ability to assess and provide guidance on breastfeeding challenges, and to offer culturally sensitive support and education.

8. Laboratory Tests and Screening

- Familiarity with common prenatal laboratory tests and screening methods for conditions such as gestational diabetes, thyroid disorders, anemia, infections (HIV, hepatitis, syphilis), and vitamin or mineral deficiencies.
- Competence in interpreting results from blood typing, Rh factor testing, and other essential screenings as they relate to maternal and neonatal health.

9. Pharmacology and Herbal/Natural Remedies

- Knowledge of medications used in maternity care, including indications, dosages, and potential risks during pregnancy and lactation.
- Awareness of emergency medications and interventions for high-risk conditions.
- Understanding of common herbs and natural remedies used in various cultures for pregnancy, labor, and postpartum care, along with an ability to identify safe versus unsafe practices.

10. Gynecological Care

- Proficiency in performing basic gynecological exams, including pelvic and breast examinations.
- Ability to diagnose and counsel on common gynecological conditions such as abnormal menstrual cycles, fibroids, endometriosis, and infections.
- Emphasis on reproductive health counseling, including contraception and prevention of sexually transmitted infections.

11. Global Health and High-Risk Scenarios

- Preparedness to manage high-risk maternal and neonatal scenarios in low-resource settings, where the midwife may serve as the sole healthcare provider.
- Skills in comprehensive emergency management, including rapid response to obstetric emergencies and stabilization of critically ill patients.
- Ability to provide holistic care that encompasses both maternity-specific needs and general health challenges in underserved communities.

12. Cultural Competence and Community Engagement

- For traveling midwives: A commitment to respecting the culture and traditions of the communities served.
- Emphasis on collaboration with local healthcare providers and indigenous community members, ensuring that midwifery practices support and empower rather than displace local traditions and knowledge.
- Encouragement to help train and build capacity within indigenous communities, working collaboratively and respectfully rather than imposing external practices.



Timeline and Examinations

The International Registry of Midwives (IRM) requires candidates to submit each phase of the process as it is completed. This step-by-step submission system helps streamline paperwork, minimize confusion between phases, and expedite processing. Once your final phase has been submitted and verified, there is a waiting period of approximately two to four weeks before you become eligible to sit for the Certified International Midwife (CIM) examination. The exact timing depends on the availability of a qualified proctor in your country and our ability to coordinate with them once their contact information is provided.

It is the responsibility of the CIM candidate—not IRM—to secure a professional proctor. You must arrange your exam date directly with your chosen proctor, ensuring they are available and able to meet all testing requirements. However, IRM must be able to communicate with your proctor to provide exam materials, detailed instructions, and guidelines for returning the completed exam.

The CIM examination consists of approximately 500 questions administered over two days. Each day includes a six-hour testing session, with optional 15-minute break allowances. Candidates must present a valid government-issued ID upon arrival and surrender all personal belongings to the proctor. The only items permitted during the exam are a clear water bottle and a pen or pencil. If a break is needed, the exam must be handed to the proctor, and candidates may not access personal belongings, use electronics, or leave the building until the exam is completed and turned in.

This rigorous format is designed to assess both theoretical knowledge and practical midwifery competencies. The examination may include multiple-choice questions as well as scenario-based essay assessments. Candidates should prepare thoroughly and coordinate with their proctor in advance to ensure all exam requirements and scheduling details are met.



Recertification

All three exam pathways require recertification every four years at a tiered cost ranging from \$85 to \$250 USD, determined by your home country. Please refer to the fee by tier section above for more information.

Recertification every four years requires that the CIM:

- Be in good standing
- Complete 50 CEUs (Continuing Education Units) during the prior certification period
- Submit proof of a yearly peer review
- Maintain current NRP/HBB (Neonatal Resuscitation Program/Helping Babies Breathe) certification
- Maintain current BLS CPR (Basic Life Support for Healthcare Providers) certification

Once all required documents have been submitted and the recertification fee has been paid, please allow 2-3 weeks for processing.

Expired Status

A CIM will be considered expired if they have not recertified by the expiration date. However, within 60 days after the expiration, they may still recertify, and their CIM status will be restored with the original expiration date.

Should an expired CIM wish to reactivate their certification, they will be required to retake the CIM board examination and submit evidence of the following:

- Attendance at ten births within three years of reapplication
- Twenty clinical hours in the last two years, including proof of three hours of peer review
- Current CPR and NRP/HBB certification

Once all required documents have been submitted and the exam fee has been paid, please allow 2-4 weeks to schedule a retesting date.

Contact and Disclosures

For any questions, please contact us at:

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WhatsApp: +1 (800) 374-1285

Disclosure: The International Registry of Midwives (IRM) reserves the right to modify examination policies, procedures, and requirements at any time. Meeting the eligibility criteria does not guarantee approval to sit for the CIM examination, nor does passing the examination confer legal authorization to practice midwifery in any jurisdiction. It is the responsibility of each Certified International Midwife (CIM) to comply with all local, regional, and national laws and regulations governing midwifery practice. IRM does not regulate, oversee, or assume liability for the practice, clinical decisions, or safety of any CIM.

The CIM examination is a competency-based assessment designed to evaluate a candidate's knowledge and skills in midwifery. Certification through IRM does not constitute a license to practice, nor does it guarantee the quality, safety, or ethical standards of a CIM's practice. IRM assumes no responsibility for how an individual midwife applies their knowledge or skills in clinical settings.

Honesty and integrity are fundamental to the certification process. Any falsification of documents, misrepresentation of credentials, or other forms of misconduct—including cheating, unauthorized access to exam materials, or failure to adhere to ethical standards—will result in immediate disqualification from the certification process. Additionally, such violations may lead to permanent ineligibility for CIM certification, dismissal from IRM records, and potential reporting to relevant regulatory bodies. IRM maintains a zero-tolerance policy for fraudulent activity or unethical conduct.

By applying for and participating in the CIM certification process, candidates acknowledge and accept these terms, including their responsibility to practice within legal and ethical boundaries and to uphold professional standards in midwifery care.



Certified International Midwife Board Exam: Sample Questions

Preconception & Family Planning

1. In many low-resource settings, which micronutrient deficiency is a leading cause of maternal anemia and adverse pregnancy outcomes?
 - a) Vitamin D
 - b) Iodine
 - c) Iron
 - d) Zinc
2. Which long-acting reversible contraceptive (LARC) method is most commonly used in regions with limited access to daily contraception?
 - a) Combined oral contraceptive pills
 - b) Copper intrauterine device (IUD)
 - c) Male condoms
 - d) Withdrawal method

Pregnancy Care

3. In regions with high rates of neural tube defects, which food fortification program has been widely implemented to reduce congenital anomalies?
 - a) Iodized salt
 - b) Fortified wheat and maize flour with folic acid
 - c) Fluoridated water
 - d) Vitamin A-fortified rice
4. A pregnant woman in a malaria-endemic region presents with fever, chills, and anemia. What is the most appropriate treatment to prevent maternal and fetal complications?
 - a) Chloroquine
 - b) Artemisinin-based combination therapy (ACT)
 - c) Tetracycline
 - d) Aspirin

5. Which traditional herbal remedy is widely used across Africa and Asia to support pregnancy and prevent miscarriage, but requires caution due to potential uterotonic effects?
- a) Blue cohosh
 - b) Raspberry leaf
 - c) Moringa
 - d) Dong quai
6. A woman in her third trimester presents with severe itching, particularly on the palms and soles of her feet. What laboratory test should be prioritized to assess for an underlying cause?
- a) Complete blood count (CBC)
 - b) Liver function tests (LFTs) and bile acids
 - c) Blood glucose screening
 - d) Coagulation panel
7. A pregnant woman tests positive for asymptomatic bacteriuria at 16 weeks gestation. What is the most appropriate course of action?
- a) No treatment is needed if she has no symptoms
 - b) Advise increased water intake and monitor for symptoms
 - c) Treat with an appropriate antibiotic to prevent pyelonephritis
 - d) Retest in the third trimester before making a decision

Labor and Birth

8. In many rural areas with limited access to hospitals, what is a primary method used to prevent postpartum hemorrhage (PPH)?
- a) Routine administration of misoprostol
 - b) Delayed cord clamping
 - c) Increased maternal hydration
 - d) Use of herbal teas
9. A woman in labor is experiencing shoulder dystocia. In settings with limited access to surgical interventions, what is the first-line maneuver to assist birth?
- a) McRoberts maneuver
 - b) Fundal pressure
 - c) Forceps delivery
 - d) Immediate cesarean section
10. In a low-resource setting, what is the primary purpose of using a Non-Pneumatic Anti-Shock Garment (NASG) for postpartum hemorrhage?
- a) To stop bleeding at the source

- b) To reduce uterine contractions
- c) To stabilize the mother for transport to a higher level of care
- d) To replace intravenous fluid therapy

11. When applying a Non-Pneumatic Anti-Shock Garment (NASG), which part of the body should be wrapped first?

- a) Chest
- b) Abdomen
- c) Lower legs
- d) Arms

12. Which physiological effect of water immersion during labor contributes most significantly to pain relief?

- a) Increased maternal endorphin release
- b) Buoyancy reducing gravitational pressure on the uterus
- c) Improved fetal positioning due to hydrostatic pressure
- d) Lowered maternal blood pressure due to vasodilation

Postpartum and Breastfeeding

13. In many parts of the world, colostrum is sometimes discarded due to cultural beliefs. What is the best response to encourage early breastfeeding?

- a) Respect cultural beliefs and offer formula instead
- b) Explain that colostrum is essential for newborn immunity
- c) Delay breastfeeding until mature milk comes in
- d) Offer sugar water as a substitute

14. Which plant-based galactagogue is widely used in South Asia and Africa to enhance breast milk production?

- a) Fenugreek
- b) Eucalyptus
- c) Black cohosh
- d) Sage

Emergency and Basic Midwifery Skills

15. In areas without access to blood transfusions, which strategy is most effective in preventing severe maternal anemia postpartum?

- a) Immediate administration of iron and folate supplements
- b) Increased postpartum bed rest

- c) Avoiding breastfeeding for the first 48 hours
- d) Restricting maternal movement

16. In a low-resource setting where neonatal resuscitation equipment is unavailable, what is the most effective first step for a newborn who is not breathing?

- a) Immediate mouth-to-mouth resuscitation
- b) Rubbing the baby's back and feet vigorously to stimulate breathing
- c) Clamping and cutting the cord immediately
- d) Holding the baby upright for 5 minutes

Gynecology and Sexually Transmitted Infections (STIs)

17. Which sexually transmitted infection is the most common cause of preventable infertility in women worldwide?

- a) Syphilis
- b) Gonorrhea
- c) Chlamydia
- d) Trichomoniasis

18. A woman presents with a painless ulcer on her external genitalia and no other symptoms. What is the most likely diagnosis?

- a) Herpes simplex virus
- b) Syphilis
- c) Chlamydia
- d) Bacterial vaginosis

19. In many global settings, bacterial vaginosis (BV) is frequently misdiagnosed or untreated. What complication is BV most strongly associated with during pregnancy?

- a) Gestational diabetes
- b) Preterm labor
- c) Hypertension
- d) Preeclampsia

20. A woman in a low-resource setting is diagnosed with pelvic inflammatory disease (PID). What is the most appropriate course of action?

- a) Initiate broad-spectrum antibiotic therapy immediately
- b) Recommend only herbal treatment due to lack of access to medications
- c) Perform a hysterectomy to prevent future complications
- d) Wait for symptoms to resolve without intervention

Scenario-Based Essay Question

A 24-year-old woman in a rural setting gives birth at home with the assistance of a Midwife. One hour after birth, she begins to hemorrhage heavily. There are no hospitals nearby, and the only available resources are herbs, oral misoprostol, a Non-Pneumatic Anti-Shock Garment (NASG), and basic first-aid supplies. The family is hesitant to seek outside medical help due to cultural beliefs.

As a midwife, describe the immediate steps you would take to manage the postpartum hemorrhage. Include the order of interventions, the application of the NASG, and how you would navigate cultural concerns while ensuring the mother's survival.

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